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|---|--|-----------------|
| <b>STATE OF MICHIGAN</b><br><b>PROBATE COURT</b><br><b>COUNTY</b><br><b>CIRCUIT COURT - FAMILY DIVISION</b> | <b>NOTICE TO ATTORNEY OF</b><br><b>RETURN TO HOSPITAL / CENTER FROM</b><br><b>AUTHORIZED LEAVE</b> | <b>FILE NO.</b> |
|---|--|-----------------|

In the matter of \_\_\_\_\_

**TO:**

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1. The court has been notified that the above named individual was returned to \_\_\_\_\_ more than 10 days after being placed on authorized leave.
2. Court rules require that you consult with your client to determine whether the individual desires a hearing.
3. If you cannot attend to this immediately, please call the court so that substitute counsel might be appointed for your client.

\_\_\_\_\_  
Deputy probate register/clerk

I certify that on this date this notice was served on the above named individual at the address shown above by

- ☐ mail.  
☐ personal service.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please return a copy of this form with your response indicated below.

According to court rule, I personally conferred with my client on \_\_\_\_\_ .  
 \_\_\_\_\_  
 Date

- An appeal of the return ☐ has been filed.  
☐ is filed.  
☐ will probably not be filed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Bar no.

Do not write below this line - For court use only